U S Department of Labor Office of Labor Management Standards Washington DC 20210

For Official Use Only

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8557	2 Fiscal Year Covered From
	1 /1 /04 Through 12/31 / 04
Name Rodger D Brown	4 Name file number and address of labor organization Name M, LLWRIGHTLOCQL 1348 Labor Organization File Number 066 8 79
PO Box Bldg Room No If any Street PO Box 1222	P O Box Building and Room Number if any Street
city VIRGINIG MN State MN ZIP Code +4 55792	Street 307 N 1ST STREET City VIRGING N State MN ZIP Code +4 55792
5 Position in labor organization	· · · · · · · · · · · · · · · · · · ·
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Name	7.a Nature of Interest, Transaction or Income
Trade Name if any	
P O Box Bldg Room No If any	7 b Amount.

ZIP Code + 4

4.4

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Street

City

State

Name of Person Filing (Cod yer Brow)	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name WCRTF Trade Name if any: PO Box Bldg Room No if any Street 5 Z 38 Millertrunk Hwy -City - Hermanton with any State Mw ZIP Code +4 55811	9 Business deals with a.Labor Organization b Trust c. Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	17 S 00 CONFERENCE FEE for Interior Systems conference In Palm Springs 11 b Approximate dollar value of such dealing 75 00 12 a Nature of interest held or income received
-C-Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Name if any	
PO Box Bldg Room No if any	

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004 Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30

Signature

8-70--05 Date